

The Leeds Clinic

Inspection report

2 Upland Road
Leeds
LS8 2SQ
Tel: 01132401234
www.leeds-clinic.co.uk

Date of inspection visit: 30 August and 1 September
2022
Date of publication: 30/09/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out a comprehensive inspection at The Leeds Clinic on 30 August and 1 September 2022. This was the first inspection of this provider since their registration.

The clinic is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Leeds Clinic provides a range of massage and therapeutic services which are not within the CQC scope of registration. In addition to the massage and therapeutic services, The Leeds Clinic also offers a range of private GP services including GP consultations, health checks and blood tests. These services require CQC registration and is where we focused our attention during the inspection.

The clinician for the service, who is a general practitioner (GP), is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The clinic had systems and processes in place to keep people safe and safeguarded from abuse.
- The premises were clean and tidy and there was an effective system in place to manage infection prevention and control (IPC).
- The provider had good governance systems to support service delivery.
- The clinic assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- The clinic was responsive to feedback from patients.
- Patients could access appointments at the clinic in a timely manner.
- There were some systems in place to manage the safety of the premises.

The areas where the provider **should** make improvements are:

Overall summary

- Assure themselves that the current legionella measures in place meet the requirements set by the Health and Safety Executive.
- Improve the systems for receiving and acting upon blood results.
- Improve the accessibility of information for patients regarding how to make a complaint.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC GP Specialist Advisor.

Background to The Leeds Clinic

The Leeds Clinic Limited is located at 2 Upland Road, Leeds, West Yorkshire, LS8 2SQ. The clinic operates out of a two storey ex-residential property which has been converted to provide clinical services. The clinic currently operates from the ground floor only.

The Leeds Clinic Limited registered with the Care Quality Commission (CQC) on 23 June 2020 to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Treatment of disease, disorder or injury

The clinic provides a private general practice service to fee paying patients. The clinic also offers a range of massage and therapeutic services which are not within the scope of CQC registration.

The service is provided by one General Practitioner (GP). The GP is supported by a practice manager and three part-time receptionists.

The clinic is open during the following hours:

Monday: 9.15am until 8pm

Tuesday: 9.15am until 5pm

Wednesday: 9.15am until 5pm

Thursday: 9.15am until 7pm

Friday: 9.15am until 5pm

How we inspected this service

Before the inspection, we asked the provider to send us information about the service. This was reviewed prior to the site visit.

We reviewed information by CQC on our internal systems.

We asked a selection of staff to provide feedback via a questionnaire.

During the inspection we spoke with the provider, members of the clinic team and reviewed documentation and records (including clinical records).

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions, therefore, formed the framework for the areas we looked at during the inspection.

Are services safe?

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

The clinic had systems and processes in place to safeguard children and vulnerable adults from abuse. The registered manager, and sole clinician at the clinic, was the safeguarding lead. There were safeguarding children and adult policies in place. The policies were available electronically via the clinic's electronic governance system.

- We saw that all staff had undertaken safeguarding training to the appropriate level.
- The staff we spoke with, and those we received feedback from, were aware of what signs to look for which would indicate a person may be at risk of abuse and how to escalate any concerns.
- All clinical services were provided by a registered General Practitioner (GP). We saw evidence of their inclusion on the General Medical Council (GMC) register.
- We reviewed records of Disclosure and Barring Service (DBS) checks for all staff members. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Patients had access to chaperones within the clinic and the staff who acted in the role of a chaperone had received appropriate training.
- The clinic had systems in place to manage health and safety risks within the premises. For example, control of substances hazardous to health (COSHH) and infection prevention and control (IPC).
- We saw records of legionella water testing carried out by an independent laboratory and weekly water flushes of all taps were carried out and recorded by the cleaner. However, there was no formal risk assessment in place which identified and assessed sources of risk.
- There was an effective system to manage infection prevention and control.
- On the day of inspection we observed the premises to be clean and tidy. We reviewed cleaning schedules and records of monthly infection, prevention and control audits undertaken by the provider. Staff had access to bodily fluid spillage kits and knew how to use these.
- There were systems for safely managing healthcare waste, including sharps items. We saw that clinical waste disposal was available in the clinical room. There were suitable arrangements in place for the collection of healthcare waste by a waste management company.
- We saw that a fire risk assessment had been undertaken by the provider with support from an external contractor. The assessment was undertaken on 2 August 2022.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. Reception staff at the clinic worked part-time and were able to cover the workload in the event of sickness and absence. The practice manager was also available to provide reception support. The clinic used locums to cover any clinical absence and there were induction processes in place to support this.
- All staff had access to a remote application which allowed them to log on to the appointment booking system from home in the event of an emergency. The practice manager was also able to answer incoming calls using the application.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. All staff had undertaken basic life support training and the clinic was providing first aid training for staff in October 2022.

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The clinic had oxygen and an automatic external defibrillator (AED) on site. AEDs are used to revive someone from sudden cardiac arrest.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The clinic used a cloud-based system which was password protected. There were no paper records.
- The clinic had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the GP told us that they always encouraged patients to consent to sharing information with their NHS GP and would do this if consent was given. We also heard examples of when requests for medication had been discussed with the patients NHS GP to ensure safe prescribing.
- The clinic had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- All staff had undertaken data security training.

Safe and appropriate use of medicines

The clinic had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing emergency medicines and equipment minimised risks. The clinic had a vaccination refrigerator and kept daily records of temperature checks. At the time of our inspection the clinic did not keep a stock of any vaccinations.
- The majority of prescriptions were issued electronically. However, the clinic had processes in place to keep prescription stationery securely and monitored its use.
- The clinic carried out a medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The GP prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The clinic had a good safety record.

- There were risk assessments in place in relation to health and safety issues.
- There were systems in place to record and act on significant events and incidents.
- There were systems in place for receiving and acting on patient safety alerts.

Lessons learned and improvements made

The clinic learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- At the time of our inspection the clinic had not had any significant events. However, there had been delays with receiving blood test results from the laboratory. The clinic was in the process of taking steps to address this.
- All staff were aware of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The service acted on and learned from external safety events as well as any patient and medicines alerts. The service kept a record of alerts received and any action taken.

Are services effective?

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- We saw evidence that the service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. For example, the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis. Patients were requested to bring a patient summary from their own GP when attending the clinic for the first time to ensure any information required to support clinical assessment was available.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. During our interview with the GP during the inspection, they explained how the 0 to 10 pain threshold system was used to monitor intensity of pain.

Monitoring care and treatment

The clinic was actively involved in quality improvement activity.

- The clinic used information about care and treatment to make improvements. For example, the clinic sent feedback forms to all patients following an appointment. The clinic made improvements through the use of completed audits.
- Prescribing activity at the clinic had been monitored through an audit conducted in May 2022. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action taken to resolve concerns and improve quality. For example, the clinic had changed the arrangements for cleaning of the premises following an infection prevention and control audit to ensure the premises were consistently cleaned to the required standards.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The GP was registered with the General Medical Council and we saw that up to date records of qualifications and training were maintained.
- The GP had formally been a partner at a larger NHS practice and had a good understanding of primary care.
- We saw that all staff had completed mandatory training set by the clinic, and this included safeguarding training, data security, infection prevention and control and fire training.
- Staff were encouraged and given opportunities to develop. For example, a member of the reception team had shown an interest in developing skills in electrocardiogram (ECG) and phlebotomy and was being supported by the GP to do this. An ECG is a test used to check the heart's rhythm and electrical activity.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, when the clinic was closed, patients were directed to NHS111 out of hours services.

Are services effective?

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We observed patients being requested to bring a copy of their patient summary from the NHS GP practice when booking appointments.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. We reviewed a completed health report template which provided detailed information around blood pressure readings, cholesterol, body mass index and blood glucose tests. The template also provided detailed information about healthy eating.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, we reviewed a health report template developed and used by the provider. This had dedicated sections to highlight a medical summary, risk score and issues that should be discussed with the patients own GP.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- We saw evidence in patient records of consent being discussed and documented. For example, prior to providing joint injections.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Feedback forms were sent to all patients following their appointment.
- During our inspection we reviewed a summary of feedback from 159 patients following their appointment. This was mainly positive about the service, with 153 responses rating the clinic as excellent. Four responses rated the clinic satisfactory and two gave a rating of adequate.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. The GP was multilingual and could also support patients as appropriate.
- Information regarding the fees for the service was available on the clinic website. This was also discussed with the patient at the time of booking to ensure they were fully aware of the full cost of any treatment or procedure.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff made adjustments for patients as required. For example, longer appointments and communicating in writing.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Consultations and treatments took place behind closed doors and conversations could not be overheard.
- The administration area was located away from the reception desk to ensure telephone conversations could take place privately when required.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. The clinic utilised a search engine analytics team to identify searches specific to the patient demographic.
- The clinic had identified a need for dermatology and the GP was looking to develop the service to provide this.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, there was level access into the clinic, interpretation services were available, and the clinic was considering the installation of an induction hearing loop.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to choose an appointment time to meet their needs. We reviewed the online booking system during our site visit and saw that same day appointments were available. In addition, patients could choose to book in advance.
- Patients could access appointments in person, via telephone or video call and in some cases home visit requests would be accommodated.
- Telephone calls were regularly monitored to ensure incoming calls were managed within appropriate timescales.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way. We reviewed four patient records and saw that referrals to other services, such as NHS ear, nose and throat department and urgent breast clinic, and found that these had been referred promptly and appropriately.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The clinic had a complaints policy and all staff were aware of how to support any patient wishing to raise a complaint. However, we found that information about how to make a complaint was not readily available for patients on the website or in the waiting area.
- At the time of our inspection the clinic had not received any formal complaints. However, there had been feedback from patients regarding the length of time taken to receive blood test results. The clinic had taken steps to address this by securing a contract with a private laboratory to improve turnaround times.
- The practice manager monitored and responded to feedback via online reviews and feedback forms following appointments. We saw that any less positive feedback was acted upon. For example, as a result of patient feedback, all patients were offered a drink upon arrival at the clinic.

Are services well-led?

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. At the time of our inspection, the clinic was looking to further promote the services offered.
- The GP lead and manager were visible and approachable. They worked closely with staff and others and prioritised compassionate and inclusive leadership. Staff we spoke with, and received feedback from, were positive about working at the clinic.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. During our interview with the practice manager, they told us how the clinic wanted to expand services to include weight management, a nutritionist and additional GPs.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision, “to provide high quality, holistic, patient focussed care whilst consistently striving towards enhancing and sustaining existing services to benefit patients and exploring options to develop new healthcare services which can be delivered locally”. We saw this was supported by the clinic’s values.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Behaviour and performance inconsistent with the vision and values were acted upon.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were given protected time to complete required training.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The clinic utilised an electronic governance system for management of human resources files and documentation. Policies and procedures were available electronically and all staff had access to these.

Are services well-led?

- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There were effective systems and processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service used clinical audit and patient feedback to drive quality improvement.

Appropriate and accurate information

The service acted on have appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. At the time of our inspection, a member of the reception team was involved in setting up a coffee morning to establish a patient participation group.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. At the time of our inspection a member of the reception team was being supported by the GP to gain experience with phlebotomy and electrocardiogram (ECG) testing. In addition, the GP was in the process of applying to undertake additional dermatology training.
- The service made use of internal and external reviews of incidents and complaints. For example, the clinic had received feedback from patients regarding their appointment length. In response to this the GP utilised the full appointment time to have a general conversation with the patient regarding their health and any other concerns they may have.
- Learning was shared and used to make improvements.